MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/485921

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	|						51		①		'		
2		(		/			52		①		'		
3		|		|			53		①		/		
4		|		|			54		①		'		
5		\		\			55		①		/		
6	\	5		|			56		①		'		
7		5		|			57		①		/		
8		5		|			58		①		'		
9		5		|			59		①		/		
10		5		'			60						
11		5		/			61						
12		5					62						
13		5		|			63						
14		5		/			64						
15		5		|			65						
16		5		/			66						
17		5		|			67						
18		5		|			68						
19		5		|			69						
20		5		\			70						
21		5		\			71						
22		3		(			72						
23		5		|			73						
24		3		|			74						
25	①			|			75						
26	①			\			76						
27	①			\			77						
28	①			)			78						
29	①			|			79						
30	①			|			80						
31	|		(				81						
32	①			|			82						
33	①			|			83						
34	|		(				84						
35		|		|			85						
36		\		'			86						
37		|		|			87						
38		|		|			88						
39		\		/			89						
40		6		\			90						
41		6		/			91						
42	①			)			92						
43	①			|			93						
44	①			)			94						
45	①			\			95						
46	①			|			96						
47	①			\			97						
48	①			)			98						
49	①			/			99						
50	①			\			100						
T. TAL IND.							TOTAL IND.				3		
T. TAL DEP.							TOTAL DEP.				5.6		
TOTAL CLAIMS							TOTAL CLAIMS				59		